

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19877

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 1 Primary Registration District No. 1008 Registered No. 5016
 (c) City St. Louis (d) Street No. Little Sisters Of The Poor St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Bieber

(a) Residence, No. 3400 S. Grand Ave St. 16
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 Th 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 18 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 713. NAME Frank Bartels 714. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 715. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria17. INFORMANT Frank Bieber
(ADDRESS) 7116 Woodrow Ave St. Louis Co18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE June 2d 193819. FUNERAL DIRECTOR Edward Koch
(ADDRESS) 3516 4 14 St20. FILED JUN 1 1938 J. D. Budick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 38

22. I HEREBY CERTIFY, That I attended deceased from May 17 1938 to May 30 1938
 I last saw him alive on May 24 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Arterio Cardio - Sclerosis Date of onset 1930
Coronary Artery Disease 938
Original Features

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) E. D. Budick, M. D.(Address) Mrs. Club St

STATEMENT BY LICENSED EMBALMER

I, B. W. Fin Licensed Embalmer No. 1391

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed B. W. Fin

Licensed Embalmer No. 1391

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)